

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	NASAL RINSER AND OUTLET PORTION THEREFOR
Attorney Docket Number::	1506-1002
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: PETER
Middle Name::
Family Name:: ÅHNBLAD
City of Residence:: STOCKHOLM
State or Province of Residence::
Country of Residence:: SWEDEN
Street of Mailing SKÖLDGATAN 12, 2TR
Address::
City of Mailing Address:: STOCKHOLM
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-118 63

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: SUSANNE
Middle Name::
Family Name:: LAGERQVIST
City of Residence:: BROMMA
State or Province of Residence::
Country of Residence:: SWEDEN
Street of Mailing ULVSUNDAVÄGEN 3
Address::
City of Mailing Address:: BROMMA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-167 32

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This applicatio	National Stage of	PCT/SE01/01055	5/14/01

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0002761-5	7/25/00	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::